



RESPONSE UNDER 37 CFR 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP 2851

00684.002436.1

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Kazuhiko MISHIMA

Application No.: 09/986,014

Filed: November 7, 2001

For: SCAN TYPE PROJECTION EXPOSURE
APPARATUS AND DEVICE MANUFACTURING :
METHOD USING THE SAME

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: Examiner: P. Kim
)
: Group Art Unit: 2851
)
: Confirmation No.: 4575
)
:
) April 19, 2005
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Mail Stop AF

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

REQUEST FOR RECONSIDERATION

Sir:

In response to the final Official Action dated January 19, 2005, the following remarks are submitted in support of the patentability of the subject application.



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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Request for Reconsideration in the above-identified application.

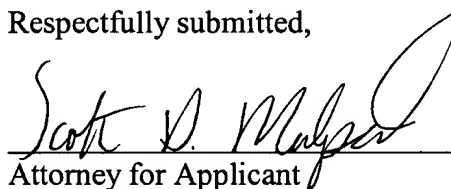
☒ No additional fee is required.

The fee has been calculated as shown below:

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	7	MINUS	20	= 0	x \$25 \$50	\$ 0.00
INDEP. CLAIMS	4	MINUS	4	= 0	x \$100 \$200	\$ 0.00
Fee for Multiple Dependent claims \$180/\$360						—
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$ 0.00

- ☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed including the additional claims fees.
- ☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 CFR 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____month extension is enclosed.
- ☐ A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should be directed to our address given below.

Respectfully submitted,



Attorney for Applicant

Scott D. Malpede

Registration No. 32,533

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200

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